

## Notice of Address Change

Please email, fax, or mail to:

Texas Board of Veterinary Medical Examiners

333 Guadalupe, Suite 3-810

Austin, Texas 78701

FAX: 512-305-7556

Email: [licensing@veterinary.texas.gov](mailto:licensing@veterinary.texas.gov)

Please print or type

Name \_\_\_\_\_

License Number \_\_\_\_\_

### **Home Address: (No PO Boxes allowed)**

Street \_\_\_\_\_

City, State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Mailing Address:**

Street/PO Box \_\_\_\_\_

City, State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Practice Address: (No PO Boxes Allowed)**

Practice Name \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

☐ I am not currently practicing (leave practice address blank)

Note: The mailing address is the default address. All documents, forms and letters sent to you from this agency will be mailed to this address.